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FINNEGAN, F LLP 901 NEW YORI	7590 01/24 HENDERSON, FA				_			
WASHINGTON		(Depositor's name)						
			•					(Signature)
		,		L				(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVEN	ENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/995,970 TITLE OF INVENTION	11/28/2001 : DATA TRANSMISSIO	ON-RECEPTION SYSTI	Miruka Ishii EM AND DATA TRA	NSM	ISSION-RECEPT		12.0180-00000 IETHOD	9242
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE '	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300		\$0}/24	/2007	DEMHAISUZº000001	15 09994/24/2007
EXAMINER		. ART UNIT	CLASS-SUBCLASS			C: 1501		1409.00 OP
TIEU, BINH KIEN		2614	455-067400		02 FC 03 FC	:: 1504 :: 8001		309.00 OP 9.00 OD
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	less an assignee is ident h in 37 CFR 3.11. Comp		data will appear on t T a substitute for filing (B) RESIDENCE: (C	the pat g an a	tent. If an assignersignment.			ocument has been filed for
Please check the appropr	iate assignee category or	categories (will-not-be pr	rinted on the patent):		Individual 🛭 Co	rporatio	on or other private gro	oup entity 🗓 Government
4a. The following fee(s)    A lssue Fee   D   Publication Fee (N Advance Order - 1)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06=0916 (enclose an extra copy of this form).							
5. Change in Entity Sta	tus (from status indicate	d above)						
	s SMALL ENTITY state						TTY status. See 37 CF	
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Authorized Signature	MAL L. e David W. Hi		No. 33, 92	1	Date Ap		23, 2007	
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3

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